

Registration Form

Date: _____
Child's Name: _____ Name Used/Nickname: _____
Date of Birth: _____ Current Age: _____
Child's Address: _____
Father/Guardian Name: _____ SS# _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer: _____ Job Title: _____
Employer Address: _____ SS# _____
Mother/Guardian Name: _____
Home Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ E-mail: _____
Employer: _____ Job Title: _____
Employer Address: _____

Is your child potty trained? Yes No In the Process

Would you like us to help potty-train your child? Yes No

Does your child have any allergies? Yes No

Please list _____

Important information that you would like us to know about your child: _____

Describe your child's disposition, likes, and dislikes: _____

What days are you interested in having your child attend?

Monday Tuesday Wednesday Thursday Friday

Which program are you interested in?

6 hour preschool program 8 hour preschool program Afternoon Program

I would like my child to participate in bible study. Yes No

Registration fee of \$200 is nonrefundable and will hold your child's spot in the program. All forms due one week prior to your child's start date. Forms may be found on our website under the "resources" tab.

Expected Start Date: _____